

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 18-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

---

**DMCHO-PV-SPA-NY-18-0013-Approval**

May 21, 2018

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs  
NYS Department of Health  
One Commerce Plaza, Suite 1211  
Albany, New York 12210

Re: NY SPA 18-0013

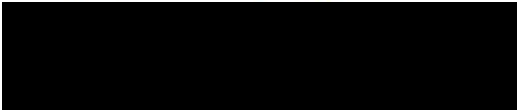
Dear Ms. Frescatore:

We reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 18-0013. The purpose of this letter is to inform you of the approval of New York 18-0013 effective January 1, 2018. This amendment proposes to provide a physician payment to outpatient clinics of general hospitals and DTCs for primary care practitioner services provided in a patient's residence to a patient unable to leave their residence to receive services, without unreasonable difficulty.


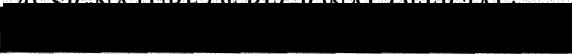
We conducted our review of the submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. Please see enclosed form CMS-179 and the approved plan page.

If you have any questions, please contact Patricia I Vasquez at (212) 616-2470.

Sincerely,

  
Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: R. Deyette  
P. LaVenía  
R. Holligan  
R. Weaver  
P. Vasquez  
M. Tabakov  
M. Lopez

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <b>18-0013</b>	2. STATE <b>New York</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2018</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION: <b>NYS Public Health Law §2803 (11)</b>	7. FEDERAL BUDGET IMPACT: a. FFY 01/01/18 – 09/30/18 \$ 0.00 b. FFY 10/01/18 – 09/30/19 \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B: Page 1</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19-B: Page 1</b>	
10. SUBJECT OF AMENDMENT: <b>Primary Care Offsite Physician Services (FMAP = 50%)</b>		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <b>New York State Department of Health Division of Finance &amp; Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>		
14. TITLE: <b>Medicaid Director Department of Health</b>		
15. DATE SUBMITTED: <b>MAR 13 2018</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED:	18. DATE APPROVED: <b>MAY 21, 2018</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JANUARY 01, 2018</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>	22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>	
23. REMARKS:		

**New York**  
**1**

**Physician Services**

Fee Schedules are developed by the Department of Health and approved by the Division of the Budget.

For primary care and specialty physicians meeting the eligibility and practice criteria of and enrolled in the HIV Enhanced Fees for Physicians (HIV-EFP) program, and the Preferred Physicians and Children's program (PPAC), fees for visits are based on the Products of Ambulatory Care (PAC) structure: fees are based on recipient diagnosis, service location and visit categories which reflect the average amount of physician time and resources for that level of visit. The PAC fee structure incorporates a regional adjustment for upstate and downstate physicians. Reimbursement for the initial and subsequent prenatal care and postpartum visit for MOMS is based on the Products of Ambulatory Care (PAC) rate structure. Reimbursement for delivery only services and total obstetrical services for physicians enrolled in MOMS is fixed at 90% of the fees paid by private insurers. Ancillary services and procedures performed during a visit must be claimed in accordance with the regular Medicaid fee schedule described in the first paragraph above. HIV-EFP, PPAC and MOMS fees were developed by the Department of Health and approved by the Division of the Budget. For services provided on and after June 1, 2003, a single fee, regionally adjusted (upstate and downstate) and based on program specific average cost per visit shall be established for the HIV-EFP and PPAC programs, respectively, and shall be paid for each visit. Visits for these programs shall be categorized according to the evaluation and management codes within the CPT-4 coding structure.

Effective September 1, 2012, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

Effective January 1, 2018 reimbursement will be provided to outpatient clinics of general hospitals (outpatient clinic) and diagnostic and treatment centers (D&TC) for primary care practitioners who provide home visit primary care services to a patient who is unable to leave his or her residence to receive services at the outpatient clinic or D&TC without unreasonable difficulty due to circumstances, including but not limited to, clinical impairment.

1. The patient must have a pre-existing clinical relationship with the outpatient clinic or D&TC, or with the health care professional providing the service.
2. The primary care practitioner must be employed by either the outpatient clinic or D&TC and acting at the direction of that provider.
3. These services are provided by a primary care practitioner which includes the following: physician, physician assistant, nurse practitioner or licensed midwife.
4. Primary care services are defined as services ordinarily provided to patients on-site at the outpatient clinic or D&TC and cannot be home care services as stated in Chapter 3602, subdivisions 1 and 2 ( <https://codes.findlaw.com/ny/public-health-law/pbh-sect-3602.html> ).

TN#:           #18-0013                              Approval Date:           **05/21/2018**          

Supersedes TN#:           #12-0016                              Effective Date:           **01/01/2018**